

Structural Yoga Therapy
Overweight and Obesity

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1. CASE STUDY

1.1 Initial Intake

Sarah is a 25-year-old woman who has just graduated from law school. I first started working with her in August 2004. She was overweight, (217 lbs. at 5'5"), and had gained about 30 additional pounds since beginning law school. She had surgery 5 years earlier (for a broken tibia and fibula on her right leg). She lived in an apartment with her fiancé, who was also in graduate school.

Sarah identifies herself as Jewish, but in a cultural way only. She told me she had called me because she was going to get married in a year and “didn't want to be a fat bride.” She was mainly concerned with how she would look in her wedding photos and to relatives who hadn't seen her so heavy. Although she felt clear that she had many aspects to her life that were positive and rich, she identified being thin as a priority over all other things. She often made comments such as “Being heavy is the source of all my problems.” (This mindset persisted even though she was putting her time and effort into other aspects of her life, like school.)

Sarah experienced a high level of stress on a day-to-day basis. She reported that she couldn't walk very far without experiencing pain and exhaustion. Her sleeping was erratic. Her eating patterns were also erratic, and she binged on sweets when under stress (for example, while preparing for tests and exams). Her diet was almost 100% take-out food or eating in restaurants. Although she allowed others to feed her in this manner, she was very picky. She didn't like many foods, or certain uses of them; saying things like, “I don't like rice, it's too bland, except in soup.” She was against cooking, cleaning up, and exercise.

After delving into this more over time, I learned that she felt rebellious for avoiding these activities. She had developed a personality around this. When I would gently suggest cooking, she would respond with something sassy, like “Have we met? I don’t cook.” She had never done any organized physical exercise except brief attempts at a gym and exercise machines. She had also had bouts of depression.

For a year I worked with Sarah on asana and lifestyle issues. When we began, she could not breathe a full breath. She could not walk a half-mile without being in pain for the following two days. She was experiencing panic-attack-like symptoms on a regular basis. She had been convinced since childhood that she would always be heavy. She took no responsibility for the food she put in her body. On a positive note, she was in therapy and her relationship was stable.

How I worked with her

My primary focus was to develop trust and consistency through positive feedback, friendly behavior, and total consistency. After interviewing her about her eating habits, I decided to do asana only for a while so that she could see some positive results. She had tried aerobic exercise and diets but couldn’t stick to them. My goal was to have her develop confidence and a feeling of well-being and stability through asana. I did not give her specific SYT recommendations in the beginning. I was looking for her to have her own insight into her situation.

For the first two months we PRACTICED TOGETHER two times per week. Although I was giving her basic instruction, the focus was to give her a feeling of camaraderie and friendship. (Note: she was not open to going to group classes at this point.) We did the JFS and then gentle asana practice together. All sessions ended with a yoga nidra sequence. In addition Sarah did the JFS every day on her own, followed by a 18-minute yoga nidra I recorded on a CD.

Our communication during these sessions would vary quite a bit. Some days we would do a straight hour of asana/relaxation without a word being said that did not relate to physical practice. As time progressed, she would spontaneously share her thoughts on herself, her relationship, food issues, or body issues.

I began to share information about my personal life as well (especially as it related to my weight loss issues). This, I believe, kept me “real” to her and showed her that I could be trusted as a peer as well as a teacher. I would occasionally share my own eating challenges: “I ate 4 slices of pizza and a glass of wine for dinner last night,” which kept her from putting me on a pedestal, and helped her maintain a realistic perspective. A common problem is to believe that one eating “slip” is a disaster – when, in reality, it is our overall patterns that we need to address.

Building this type of relationship was important because she would vacillate between needing a teacher and friend -- so I found ways to be comfortable in both roles. (NOTE: this relates to the nature of the condition vata moving to kapha.) I also had her talk to me an additional two to four times a week by phone to tell me how it was going. I made this a “strong suggestion” and she was happy to comply.

For most of my weight loss clients, I require constant communication. For some this communication is by phone; for others it consists of emailing me questions and a food practice journal. This is crucial for developing trust and a feeling of being responsible to a teacher – a sense of responsibility that eventually transfers to their inner teacher. This must be done in a gentle friendly way. The client must agree that it is not only possible, but also a good idea. I have found that clients who are not able to do this do not progress and eventually stop seeing me.

There was an emphasis on both the regularity of the practice and a gentle, relaxed approach with herself. The occasional times she would miss a practice session on her own, she had plenty of guilt and self-criticism, so I took the role of comforter and gave her permission to not worry about it.

Once she had established a routine, we began to work on her food issues with the same approach as the asanas: gentle, consistent, easy, slow change. I gave her an overall view of where we were heading (a diet which contained nourishing foods which gave her consistent energy and tasted great). She made slow changes and gradually progressed to a diet that was working for her.

I was not acting as a nutritionist. Instead, I was helping her build awareness around the foods she ate and how they affected her. As she came up with information on her own, I supported her in finding ways to change. My only guidance in terms of what she ate was that it should make her feel healthy and be closer to whole than not.

As she progressed, she became more interested in the details of asana practice. To my delight, she began asking for anatomical specificity in many poses. Questions like "should I feel this as a stretch in my inner thigh?" began to arise.

We mixed the sessions, sometimes going through a general Integral Yoga-type sequence (see Appendix), other times warming up and then focusing on specific asanas so that she might improve her relationship with them. Usually we would find weakness the main problem in her inability to do an asana to her satisfaction. Working on the muscles to strengthen that weakness and then seeing herself get stronger really helped Sarah with her confidence in her body. We both noticed a direct relationship between this and her eating habits.

One year later, she has lost 30 pounds. She and her husband cook regularly, and when they don't cook, she eats food that seems to nourish her. Her sleep patterns on the whole have improved. She has graduated law school. Several times, she walked to school, a few miles away from her home - her self-confidence has improved. And I'm pleased to say we have become friends. We are able to continue a student-teacher relationship and have a reciprocal concern for each other's personal lives without conflict.

Throughout the past year, I have used SYT procedures to help guide her asana practice. After taking a couple months off yoga, Sarah was at an impasse. The asana practices have been very general, and the main focus has been to stabilize her so that she can deal with her emotional issues. Now we are continuing with more specific asanas for weak, tight muscles that persist.

1.b Physical Assessment

Initial readings that were corrected or helped through general program
(Observed through body reading and asana observation, August 2004 to January 2005; no formal testing.)

- Severe anxiety manifesting as inability to take a full breath - CORRECTED
Three-part breathing and joint-freeing series

- Limited exterior rotation - CORRECTED
Warrior Two

- Upper back exterior strength – seen in body reading as rounded shoulders.
August 2004: 0.5; January 2005: 2.0
Cobra

- Weak pectorals and trapezius - IMPROVED
Cat bows in sun salutation

Once the above changes had occurred, I did formal testing as noted below.

Date	January 2005		May 2005	
Range of Motion	Left	Right	Left	Right

Dorsiflexion	-22	-25	-17	-20
Hip flexion straight knee	65	70	80	80
Prone knee flexion	110	112	110	115

Date	January 2005		May 2005	
Muscle test	Left	Right	Left	Right
Psoas	1	1	2	3
Hip flex/ab	1	1	2	2
Hip extension	1.5	2	2	3.25
Upper back extension	2		4	

Summary of findings

Strengthen	Stretch
hip flexors	hamstrings
psoas	plantar flexors
abdominal	pectoralis
hip extensors	rectus femoris
dorsi flexion	
upper middle traps	

1.c Recommendations

Asana	Purpose
joint-freeing series	to balance vata
triangle	Strengthen hamstrings
standing forward bends	strengthen hip flexors
down dog	for hamstrings and stretch plantar flexors
sunbird	Strengthen psoas

syt camel pulsing	Stretch/release rectus femoris
bridge pose	Stretch rectus femoris
fish	to open chest
cobra	for trapezius
up legs	Strengthen hip flexors
modified 1 leg upboat	abdomen
arda salabasana straight and bent leg	Strengthen hip extensors

1.d Results of Recommendations

The general sequence put in place before the "official" SYT procedure was used had many positive effects. Sarah's self-confidence, weight, eating habits, energy level, and various aches and pains were helped or corrected. Her weight was moving steadily downward. Her ability to relax and release anxiety is the most significant change.

The specific asanas recommended for her remaining issues helped and she is continuing to work on her problem areas. To date Sarah has lost and kept off 30 pounds.

2. OVERWEIGHT AND OBESITY

2.a Name and description of condition

During the past 20 years, obesity among adults has risen significantly in the United States. The latest data from the National Center for Health Statistics show that 30 percent of U.S. adults 20 years of age and older—over 60 million people—are obese.

This increase is not limited to adults. The percentage of young people who are overweight has more than tripled since 1980. Among children and teens aged 6–19 years, 16 percent (over 9 million young people) are considered overweight.

These increasing rates raise concern because of their implications for Americans' health. Being overweight or obese increases the risk of many diseases and health conditions, including the following:

- Hypertension
- Dyslipidemia (for example, high total cholesterol or high levels of triglycerides)
- Type 2 diabetes
- Coronary heart disease
- Stroke
- Gallbladder disease
- Osteoarthritis
- Sleep apnea and respiratory problems
- Some cancers (endometrial, breast, and colon)

Overweight and obesity are both labels for ranges of weight that are greater than what is generally considered healthy for a given height. The terms also identify ranges of weight that have been shown to increase the likelihood of certain diseases and other health problems.

For adults, overweight and obesity ranges are determined by using weight and height to calculate a number called the “body mass index” (BMI). BMI is used because, for most people, it correlates with their amount of body fat.

An adult who has a BMI between 25 and 29.9 is considered overweight.

An adult who has a BMI of 30 or higher is considered obese.

The obesity epidemic covered on TV and in the newspapers did not occur overnight. Obesity and overweight are chronic conditions. Overall, there are a variety of factors that play a role in obesity. This makes it a complex health issue to address.

Overweight and obesity result from an energy imbalance. This involves eating too many calories and not getting enough physical activity. Body weight can be the result of genes, metabolism, behavior, environment, culture, and/or socioeconomic status. Behavior and environment play a large role in causing people to be overweight and obese. These are the greatest areas for prevention and treatment actions.

(From CDC.gov. Adapted from U.S. Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity, 2001)

2.b Overweight and obesity: gross and subtle body symptoms

There is a wide range of symptoms related to overweight. As seen above, excess weight puts one at risk for an ongoing set of medical problems. More important, however, is to view excess weight as a symptom of imbalance.

While in rarer cases overweight and obesity can stem from a medical cause, (such as severely underactive thyroid or side effects from steroid usage), usually overweight is a symptom of lifestyle choices and/or emotional imbalance. Poor body image; blocking feelings with food; keeping the body in bad shape so as not to look at other issues; and chronic stress (which produces fat-retaining hormones) are all common.

Because of these relationships, in my practice I commonly see clients who lose weight begin to tackle deeper emotional issues, and then often core spiritual issues they were not ready to take on before.

Overweight can produce physical issues that make working with the problem even more challenging. These include inability to put oneself into a position restricted by fat tissue (like a forward bend with a large belly) and discomfort/imbalance in a pose like shoulderstand. Being overweight can often make doing asanas, especially upper body strength building postures, more challenging. Postures like plank or a typical gentle sun salute knees-chest-chin are more difficult – imagine doing them with an extra 50lbs on your back.

Overweight people, like everyone else, have avoided doing actions that are difficult. This, of course, makes the muscles in question even weaker. It is very important to correct these muscular imbalances slowly over time for two reasons: 1) the person will have an easier time as weight comes off, and 2) it is demoralizing to emphasize what the person can't do.

Beginning with a client's strengths (poses that can be done easily) and then moving towards modifications of poses that are a challenge is crucial. Clients tend to have very strong verbal/energetic reactions when they are made uncomfortable by their body in a pose. If we stay present with the client, we can gauge what a client is ready for, and we will be more effective.

Of course, all people are unique, but being sensitive to their unique abilities will build trust and allow them to be more engaged in their healing process.

2.c Related Challenges

To put it bluntly, society is mean to fat people. The same media and cultural forces that advertise and convince people to eat poorly and spend an average of eight hours a day in front of the television ridicule people for being overweight. At the same time, we are bombarded by images of people with body types that are probably unattainable for most of us.

If you are not overweight, it is important to not only be loving, respectful and non-injurious to your client (ahimsa), but to also practice satya and be truthful with yourself regarding your feelings towards overweight people. There are many messages convincing us that overweight people are mentally weak or deficient as human beings. It is important to become aware of these beliefs in your own psyche so that we may identify them as they arise and not act on them.

Being overweight is just one of many ways our imbalances can manifest. We should see it as such and be compassionate towards the obese in the same way we are compassionate towards anyone else kind enough to show us their weaknesses.

3. AYURVEDIC ASSESSMENT

Ayurvedic-based yoga recommendations

While overweight can be looked at as a kapha condition (too much flesh), in my experience it is unwise to do so. The overweight/obesity epidemic in the U.S. is a complex problem.

For example, like most clients I see for weight loss, Sarah had a massive vata imbalance. Anxiety and inconsistent behavior dominated her life. She compensated by making sure she was always busy and in a strict program that would force her to keep moving in some direction - at the time it was law school.

In my opinion, overweight and obesity boils down to a vata imbalance, which then crosses through the other doshas. Stress and anxiety are the first and foremost problems that my clients cite in their lives. Making this more complex is that, since they are overweight, eating anything becomes stressful. They often have tried vigorous exercise that they dislike, (such as the treadmill or running), making the problem worse.

Compounding this problem is the constant input many people get from television, health magazines, and other media outlets. This input is packaged as “one size fits all” information, and discourages personal insight. The sheer quantity of it feeds an already unbalanced vata and creates confusion and stress.

I often see this cycle:

- Overweight and stressed, an individual decides to make a change.
- They go on a diet and run 5 days a week, and lose 15 pounds.
- They stop the diet and exercise, and gain 20 pounds.
- Anxiety increases, and the cycle starts over.

Vata

anxiety

stiffness in joints

inability to make decisions regarding food and exercise

inability to take full deep breaths

Pitta

poor digestion

problems overdoing exercise

harsh diets

Kapha

overweight

lethargy

chronic tiredness

Addressing the vata imbalance is THE MOST IMPORTANT PART of yoga therapy for overweight individuals. It is important to note that many obese individuals have often exercised and dieted before. They often need a teacher’s permission to treat their weight with compassion.

4. COMMON BODY READINGS/FINDINGS

Overweight people will present with a variety of structural issues, or none at all.

Common in my clinical practice is to initially see clients with stress-related postural issues: sunken chest, forward head, inability to take a full breath. Also common are weak abdominal muscles and/or hip flexors. Interestingly, these issues are often quick to change.

5. CONTRAINDICATED – MODIFY OR ELIMINATE

For overweight accompanied by anxiety, a calming, vata-balancing practice is essential. Avoid over-challenging clients. Too many sun salutes or holding poses too long will hurt their spirit, and they are likely to quit. Avoid all pranayama techniques except for wave breath and its variations.

Inversions are contraindicated for beginners. If they are introduced later, be extra careful to establish safe, effective alignment.

For clients with limited upper body strength, be careful with poses that challenge arm strength. These poses are extra difficult with added weight. In general watch these poses:

- All inversions
- Twists where the belly must move past thigh (marichiasana 1 is better at first)
- Forward bends with belly on thighs
- Plank, side plank, crow, peacock - if upper arm strength isn't present
- Fast sun salutes

6. GENERAL RECOMMENDATIONS

6.a therapeutic/free of pain

Unless otherwise indicated, the main pain condition of overweight is mental. First, give stress-reducing techniques to reduce immediate mental suffering from overweight:

- Yoga Nidra
- Wave Breath
- Breath with movement -J.F.S.
- Enjoy eating; encourage new foods and cooking
- Have fun!

Encourage the client to stop all contact with magazines, friends, books, or television on the subject of weight loss. Encourage trust in you and your method (yoga). This trust will allow them to be free of much self-inflicted suffering.

6.b stabilize situation

Encourage JFS and asana practice with an emphasis on regular practice. Intensity and length of practice is not the goal. Feeling better, stronger, less stressed, and healthier is. A nice balance of gently challenging postures and easier confidence-building postures is recommended.

- Regular meals at the same time of day
- Focusing awareness to learn what foods and what times of day for meals make them feel better
- Eliminating unwholesome food and lifestyle choices gently; allowing detrimental habits to diminish as more wholesome ones arise.

(See Passalacqua, B. *Peaceful Weight Loss Through Yoga*, 2005)

You are helping your client to recognize naturally arising insights – helping them to see clearly what makes them more peaceful and happy. Look for openings for conversation about how their practice makes them feel: good, stronger, or more in control. Encourage all behaviors they feel are beneficial. Have them keep a journal of what they eat, when they eat, and when and what they do for asana practice. Help them review this journal and make connections in terms of what is useful for them.

Once a regular practice and journaling are established and your client is practicing and eating in a way that is working for them, proceed to use SYT assessments to help them correct physical imbalances. This work will further help their discernment, and will support the eating and lifestyle changes they are making.

6.c maintenance

- Encourage ongoing interaction with food as a positive influence. Examples might include:
 - cooking classes
 - nutrition classes
 - growing food
 - apple picking
 - studying Chinese medicine or ayurvedic food recommendations
- Continued asana practice with an emphasis on body-mind-spirit integration. Practice in an ashram setting or a yoga center with a spiritual component is to be encouraged.
- Checking in every three months to report on progress in all aspects of practice and to be reminded of the connection between eating, physical practice, and spirituality

- If clients are inclined and find it enjoyable, aerobic exercise that doesn't build stress is okay: rounds of sun salutations, biking, swimming, or running are okay as long as they are perceived as fun by the client. This will help keep kapha down.

7. QUESTIONS AND ANSWERS FROM YOGAFORUMS.COM

Post subject: Overweight

February 1, 2002

QUESTION:

I have been attending yoga classes twice weekly for about 3 months. I am about 75 pounds overweight (but am also doing cardio and free weights to try to lose weight). I cannot do many of the postures, particularly inversions. Realistically, how long should I expect it to take to be able to move to some of the more advanced postures? I have noticed a remarkable improvement in my flexibility and balance. Is there anything specific I can do to improve even more? If age matters, I am in my 40's. Thank you. L

ANSWER:

Being overweight I find it is best not to attempt any "advanced" level of flexibility poses. especially as you are so new to yoga. Wait about a year or better yet build yourself up by tackling those poses, which are difficult to hold due to challenge to your strength. In this category I would recommend you doing standing poses especially warrior I & II, Triangle, and Side Angle (Parsvottanasana) and holding them with good form for gradually increasingly longer periods.

Best recommendation for losing weight is to do the Sun Salute series increasing the length of time you spend doing it until you can do 20 minutes continuous flow. After doing consistently this for one week then you can increase the challenge to your cardiovascular system by doing the sequence faster. The key is consistency once you have established that your body will begin to burn off the excess weight and then when

that is maintained you can look forward to poses that promote more flexibility. But I would not recommend you do them until you are about 20-25 pounds above your ideal weight. This would keep you safe from potential injury that is easily experienced by those who try the advanced flexibility poses.

April 28, 2003

QUESTION:

I 'test out' as a definite vata dosha---when I was young, I was very thin, anxious, excitable, you get the picture. I have all the vata characteristics except weight--anymore.

As I've gotten older (late 40's) and had many stressful events in life that I believe contributed to vata imbalance, rather than lose weight like a vata, I seem to have taken on some Kapha tendencies, and gradually gained weight. There are no physical abnormalities such as hypothyroid or anything--I am in generally good health as far as western-medical doctors are concerned.

Trying to make some healthy changes in my diet only seems to throw me into what seems to me to be my vata flaring up. If I overexercise, and eat too many bitter/ astringents/ pungents in what would be a weight loss attempt, I really feel it despite all other attempts to pacify vata (abhyanga, warmth, etc).

I am at a loss to lose 60 extra pounds that have crept on in the past few years. Is this a Kapha imbalance in a vata person? Is that possible? I am not able to see an Ayurvedic physician for evaluation. There are none in my area. I am going by books and online info about it and what I learn from my yoga teacher---although I sense she just sees me as a lazy, unmotivated Kapha-type (not that all are!) who doesn't have any self-discipline. Nothing could be further from the truth!! Frustrating

ANSWER:

You may be predominantly vata, however no one has a single dosha constitution, we are all dual in nature. Hence you could be vata/pitta or vata/kapha. The increase in kapha is

natural as we age and get settled into routines and family life. The best is doing Surya Namaskar (regularly until you can build up your stamina to 15-20 minutes of continuous motions). Doing this regularly for 6 weeks normalizes weight and should restore you to proper balance. If lack of motivation is not the problem then I would suggest this to increase pitta, which will diminish kapha.

8. REFERENCE

Stiles, Mukunda. *Structural Yoga Therapy*. Red Wheel/Weiser, York Beach, ME, 2000.

Passalacqua, Brandt Bhanu. *Peaceful Weight Loss Through Yoga*. New York, 2005.

<http://www.peacefulweightloss.com>

Author's site; forums available for questions and answers.

<http://www.yoga.com>

Forums for weight loss give some insight into where people are coming from.

<http://www.cspinet.org>

Center for Science in the Public Interest

Not-for-profit organization advocating for nutrition and health, food safety, alcohol policy, and sound science. Excellent newsletter (*Nutrition Action*) and general information source.

9. APPENDIX

Modified Integral Yoga-style session

- Three-part breath
- Eye movements
- Gentle warm ups (i.e., cat/cow, neck rolls)
- 3 easy slow sun salutations
- 2 standing poses (e.g., warrior, triangle, tree)
- Advaasana
- Back bends (cobra ,ardha salabaasana)
- Child's pose
- Virasana
- Forward bends (janusirshaasana and/or paschimotanaasana)
- Bridge
- Fish
- Lying twist
- Yoga mudra
- Savaasana

10. BIOGRAPHY

Brandt Bhanu Passalacqua, RYT, is a certified Integral Yoga teacher and the author of *Peaceful Weight Loss through Yoga*. He has lost over 100 pounds and maintained his health by being kind to his body. Brandt currently has a private practice in New York City focusing on weight loss and wellness, and also gives seminars on yoga for weight loss. He is currently completing his Structural Yoga Therapy training and is studying to be a Licensed Massage Therapist (LMT).